

**DERBY COUNTY REGIONAL TALENT CLUB - TRIAL APPLICATION FORM FOR SEASON 2018/19**

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| **PLAYER DETAILS** |
| SURNAME |  | FIRST NAME  |
| DATE OF BIRTH |  |
| HOME ADDRESS POSTCODE  |
| TELEPHONE | HOME:  | MOBILE:  |
| EMAIL ADDRESS |  |
| ELIGIBLE FOR  | U10’s U12’s U14’s U16’s (please circle) |
| PREFERRED PLAYING POSITION |  |
| DOMINENT KICKING FOOT |  | SCHOOL YEAR ON 1ST SEPTEMBER 2018 |  |
| **PLAYING EXPERIENCE – PLEASE LIST** |
| PLAYING EXPERIENCE AT INTERNATIONAL LEVEL |
| PLAYING EXPERIENCE AT FA ELITE PLAYER CAMP LEVEL |
| PLAYING EXPERIENCE AT FA REGIONAL TALENT CLUB LEVEL |
| PLAYING EXPERIENCE AT FA PLAYER DEVELOPMENT CENTRE LEVEL |
| PLAYING EXPERIENCE AT COUNTY SCHOOLS LEVEL |
| CURRENT CLUB  |
| **ELIGIBILITY** |
| I confirm that the player in my care meets all the criteria required by the FA to trial for the Derby County Regional Talent ClubI acknowledge the right for Derby County staff to administer First Aid within the parameters to which they are qualified should my child be injured in any way.  I agree that video footage can be taken of my child during the trials for analysis purpose only |
| SIGNED | DATE OF APPLICATION | PARENT/CARER/GUARDIAN(Please circle) |

**NO APPLICATIONS WILL BE CONSIDERED IF RECEIVED AFTER FRIDAY 1st JUNE 2018.**

**Please complete this form & return it by email to:** **bryan.bennett.stc@gmail.com**